

BOARD OF HEALTH Monthly Meeting: October 28, 9:30a.m.

521 Cobb St, Cadillac, MI

<u>A G E N D A</u>

Call to Order		Jim Maike, Chair
Roll Call		
Review and Ap	oproval of the Agenda	
Review and Ap	oproval of Board of Health Meeting Minutes	September 30, 2022
Public Comme	nt	
Committee Rep	oorts	
A. Executiv	e Committee	Jim Maike
B. Finance <i>I</i> .	Committee <i>Finance Report</i>	Ray Steinke
2.	Approve September Accounts Payable and Payroll	Action Item
C. Personne	l Committee	Shelley Pinkelman
1.	Public Act 152 proposal	Action Item
2.	Health Insurance renewal	Action Item
3.	Dental/Vision/Flex renewal	Action Item
4.	Life & Disability renewal	Action Item
5.	Salary adjustment proposal	Action Item
D. Legislati	ve Committee	Shelley Pinkelman
1.	2023 Legislative Platform	

II. Program Reports

I.

Α.	Community Health Division Report	.Christy Rivette
B.	Environmental Health Division Report	Mick Kramer
C.	Family Health Clinical Division Report	Lisa Morrill
D.	Family Health Division Home Visiting	Anne Young

E.	Family Health Division Home Visiting/WIC Report	.Anne Bianchi
F.	School Health	.Katy Bies

III. Administration Reports

A. Medical Director	Dr. Jennifer Morse, MD
B. Deputy Health Officer	Sarah Oleniczak
C. Health Officer	Kevin Hughes

IV. Public Comments

- V. Other Business
- VI. Next Board of Health Meeting: Friday, November 18, 2022, at 10:00 a.m.

VII. Adjournment



Board of Health

Meeting Minutes September 30, 2022

521 Cobb St, Cadillac, MI

Call to Order: Jim Maike, Chair, called the meeting to order at 9:30 a.m.

Roll Call:

Members Present James Sweet, Betty Dermyer, Pauline Jaquish, Richard Schmidt, Ron Bacon, Nick Krieger, Tom O'Neil, Ray Steinke, Roger Ouwinga, Star Hughston, Bryan Kolk, Jim Maike, Paul Erickson, Julie Theobald,

Staff Present: Kevin Hughes, Christine Lopez, Dr. Jennifer Morse, Sarah Oleniczak, Christy Rivette

Members Excused: Shelly Pinkelman, Phil Lewis, Robert Baldwin, Martha Meyette,

Gary Taylor

Approve the Agenda: Motion by Ron Bacon, seconded by James Sweet to approve the meeting agenda.

Motion Carried

Approve the Meeting Minutes: Motion by Ray Steinke, seconded by Betty Dermyer to approve the minutes of the August 26, 2022, meeting.

Motion Carried

Public Comment: No public comment

Committee Reports:

I. Executive Committee:

- Executive Committee did meet, minutes from the meeting provided to Board members
 - Health Officer evaluation process and the current tool used for the evaluation was discussed.

- i. Consensus from committee was to keep the current tool and continue the current process for evaluation.
- ii. Hughes will bring the evaluation tool to next months meeting and the usual process will be followed
 - a. DHD employees will be excused from the meeting.
 - b. Board of Health members will discuss the annual review information.
- Discussion was had on action items that are brought to the board, current process is that action items are brought to the board and then voted on at the next months meeting. Members would like the action items voted on during the current meeting
 - Decision was made to keep the current process for the rest of this fiscal year.
 - The new process for the rest of 2022 would be to vote on action items during the current meeting if the items are in the board packet.
 - Process will be reevaluated in December.
- Workforce updates, we continue to face challenges maintaining staff. In the month of September 8 staff members resigned. 5 of them due to pay or lack of advancement.
- Public Health flat funding issues. Hughes shared a document on these issues with the members and it will be given to legislators. If flat funding continues, local health departments will eventually have to:
 - Increase fees for services to residents and businesses.
 - Request increase in County appropriations.
 - Cut staff levels
 - Use fund balance
- Lake County enforcement related issue was shared, prosecutor is hesitant to pursue enforcement action. They are requesting we provide additional information such as driver's license, date of birth, sex, and race to make sure it is the correct person, this information is not required to get a well permit or septic permit. Our legal counsel is working on a resolution
 - We have authority to issue appearance tickets, but we do not issue them
 - 2 items that have been referred to the prosecutor are a failed septic issue and a garbage issue
 - Enforcement is done through the Sheriff's department to issue tickets
- Hughes has been elected to President of MALPH. Duties will be assumed in October 2023. The position does not create any issues with the committee members
- Review of employees leaving was done by the Executive members, healthcare needs to be kept up to retain employees

II. Finance Committee:

- Finance Committee did meet to review amended final FY22 budget as well as FY23 budget.
- Christine Lopez reviewed the financial report for August. Assets, liabilities, and fund balance is \$14.2m, there is a \$147k decrease in fund balance. State & Federal funding 9.8 million out of \$12.2m budget. Some grants will carryover to next year. YTD revenue is \$3.6m, expenses will catch up on the September report. Billing revenue \$1.9m out of a \$2.2m budget. Total revenue \$21,446,431.05, expenses \$21,594,299.58, expenses are above revenue, anticipate using fund balance. Cash flow currently \$11m, projections listed on report. Accounts payable \$2,994,993.39.

Approve Accounts Payable and Payroll: Motion by Richard Schmidt, seconded by Betty Dermyer to approve accounts payable and payroll.

Roll Call:

James Sweet	Yes	Ray Steinke	Yes
Betty Dermyer	Yes	Roger Ouwinga	Yes
Pauline Jaquish	Yes	Star Hughston	Yes
Richard Schmidt	Yes	Bryan Kolk	Yes
Ron Bacon	Yes	Jim Maike	Yes
Nick Krieger	Yes	Paul Erickson	Yes
Tom O'Neil	Yes	Julie Theobald	Yes

Motion Carried

- FY 22 amended final budget presented, COVID allocations that are not used will be rolled over to FY23, decreases to Medicare and Safer Schools, additional funding for Monkey Pox, Community Connections, PFAS/Ludington. Changes to billing revenue; collection is down due to services being down. Medicaid cost report provided. Revenue projection \$24,992,409, expenses \$25,695,924, The 700k decrease does include 400k extra payment that was sent to Mers.
- Substance Use grants was explained.

Approve Amended Final Budget FY22: Motion by Richard Schmidt, seconded by Ray Steinke to approve amended final FY22 budget.

Roll Call:

James Sweet	Yes	Ray Steinke	Yes
Betty Dermyer	Yes	Roger Ouwinga	Yes
Pauline Jaquish	Yes	Star Hughston	Yes
Richard Schmidt	Yes	Bryan Kolk	Yes
Ron Bacon	Yes	Jim Maike	Yes
Nick Krieger	Yes	Paul Erickson	Yes
Tom O'Neil	Yes	Julie Theobald	Yes

Motion Carried

- FY 23 budget shared. Recognize that the budget is out of balance, but it will be reevaluated at six months, if it is still at a decrease, changes will be made at that time. It will be balanced using the fund balance as done in previous years.
- Mers payment will be kept at the minimum for FY23.
- Budget does not reflect salary adjustments; salary adjustments will be done in January.
- Medicaid projections shared.
- Grants will be continuing to come in throughout the year.
- Adolescent Health funds were explained.
- Other funding category, not sure if we will be getting some of the grants for FY23, if we do receive, they will be added to an amended budget in FY23.
- FY23 budget projected at \$24,458,128 revenue, \$24,848.096 expenses.
- Report will look different next month, Finance installed new accounting software.

Approve Budget FY23: Motion by Richard Schmidt, seconded by Nick Krieger to approve FY23 budget.

Roll Call:

James Sweet	Yes	Ray Steinke	Yes
Betty Dermyer	Yes	Roger Ouwinga	Yes
Pauline Jaquish	Yes	Star Hughston	Yes
Richard Schmidt	Yes	Bryan Kolk	Yes
Ron Bacon	Yes	Jim Maike	Yes
Nick Krieger	Yes	Paul Erickson	Yes
Tom O'Neil	Yes	Julie Theobald	Yes

Motion Carried

III. Personnel Committee:

- Personnel Committee will meet before the next Board of Health meeting.
- Cap increase of 1%, all benefits will be discussed in the Personnel Committee meeting and recommendations will be brought to the next Board of Health meeting.

IV. Legislative Committee:

• House Bill 6101 that would have put a state-wide Point of Sale program in place, has dropped for now.

Administration Reports:

I. Medical Director

- Dr. Morse shared a report on Polio and shared a link with information on how Michigan played a role in creating the vaccine.
- There was a polio case in New York this year that caused paralysis. The case resulted from sewage that spread, infected sewage was also found in London, Jerusalem, and other areas. 75 % of people that contract polio do not show any symptoms.
- Only 2 countries that have some cases yearly, Afghanistan, and Pakistan. They have approximately 20 cases a year.
- U.S. uses injectable vaccine, protects you from getting paralyzed.
- Difference between oral and injectable vaccine was explained.
- Encourage routine vaccines and support efforts to eliminate polio.

Approve Dr. Morse's recommendation: Motion by Ray Steinke, seconded by Ron Bacon to approve Dr. Morse's recommendations to encourage routine vaccines and support efforts to eliminate polio.

Motion Carried

II. Deputy Health Officer

- Funding sources and opportunities was shared.
- Finalizing and submitting for accreditation.

III. Health Officer

- EPI Team Update
 - Algae blooms on Croton Dam, Bass Lake, postings were sent out

- Eastern Equine Encephalitis a couple of cases reported with horses dying in St. Joseph, Roscommon, and Eton.
- Avian Flu associated with the migration of birds, DNR issued a statement to bird hunters
- Human case of Swine Flu in Barrion
- COVID testing sites are still in place, dates & times still the same
- Flu shots and COVID boosters are still available
- PFAS meeting with MDDHS on well replacements that were done in Crawford/Grayling. If a well permit is applied for, the area is reviewed and if found to be in a risk area, a meeting is held with EGLE and MDHHS. Determination will be made if the well can be drilled in that area.
- Meeting was held in Grayling at the airfield, a new treatment system is being piloted
- We will be issuing the permits for the 12 wells that EGLE is replacing
- Wendy's possible E.coli cases from the lettuce last month. Wendy's is resourcing their lettuce from a different vendor.
- MiChem, mobile unit will be doing testing beginning in several counties down south. Hughes will share updates on when they will be in our area.
- Meeting will be held next week with Lighthouse regarding benefits.
- Christine Lopez received an award from the administrator's forum of MALPH for leadership provided to that group.

Other Business:

• Mecosta County Component plant coming to the area. VP of the company is a graduate of Ferris University; it is a \$3.6 billion investment and will hire 2,000 employees.

Public Comment: No public comment

Next Meeting: The next regular meeting of the Board of Health is scheduled for October 28th,

9:30 a.m. at the Cadillac Office

Meeting Adjourned: Motion to adjourn made by Ray Steinke, seconded by James Sweet

Jim Maike adjourned the meeting at 11:02 a.m.

Cash	12,207,603.96
Due from State	1,136,123.18
Due From Others	727,939.04
Total Current Assets	14,071,666.18
Other Assets	
Inventory	259,623.00
Prepaid Expense	452,632.20
Total Other Assets	712,255.20
Total ASSETS	14,783,921.38

Draft

LIABILITIES

LIABILITIES AND FUND BALANCE

ASSETS

Current Assets

Current Liabilities	
Accounts Payable	487,626.35
Payroll Taxes/Deductions Due	419,863.36
Accrued Wages	541,265.13
Total Current Liabilities	1,448,754.84
Other Liabilities	
Deferred Revenue	5,849,528.34
Total LIABILITIES	7,298,283.18
FUND BALANCE	
Fund Balance	8,180,941.43
Decrease in Fund Balance	(<u>695,303.23</u>)
Total FUND BALANCE	7,485,638.20

14,783,921.38

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	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Revenues					<u> </u>
State & Federal Funding					
Adolescent Health Center - Chippewa Hills Full	180,164.09	223,752.84	245,000	(21,247.16)	(8.67)%
Adolescent Health Center - Lake City Clinical	4,216.28	135,000.00	135,000	-	0.00%
Adolescent Health Center - Mason County	-	135,000.00	135,000	-	0.00%
Beach Monitoring	-	11,500.00	15,829	(4,329.00)	(27.35)%
Beach Monitoring - Other	2,542.59	3,275.22	11,879	(8,603.78)	(72.43)%
Breast Cervical Cancer Control Program	7,095.10	68,147.96	84,800	(16,652.04)	(19.64)%
Brethren High School Mental Health Grant	-	110,000.00	110,000	-	0.00%
CC HUB NW	15,200.00	175,098.00	170,000	5,098.00	3.00%
CCL HUB	14,573.00	139,544.00	205,094	(65,550.00)	(31.96)%
CHA Needs Assessment Children's Special Health Care Services	1,239.00	43,980.00	52,044	(8,064.00)	(15.49)%
•	1,682.28	217,245.00 56,047.70	254,582 56,234	(37,337.00) (186.30)	(14.67)%
Chippewa Hills School Mental Health Grant CJS Alliance	4,722.72	•		(186.30)	(0.33)% 0.00%
Communicable Disease	7,722.72	23,466.00 258,607.00	23,466 259,030	(423.00)	(0.16)%
Community Health	_	230,007.00	10,000	(10,000.00)	(100.00)%
COVID MI Supplemental Funding	46,860.71	631,608.26	761,169	(129,560.74)	(17.02)%
Cross Jurisdictional Sharing Admin	17,795.37	44,530.00	44,530	(125,500.7 1)	0.00%
CSHCS Care Coordination Case Mgmt	-	61,103.92	90,000	(28,896.08)	(32.11)%
CSHCS Vaccine Initiative	-	21,321.00	21,321	-	0.00%
Dental Partnering for Heart Health	(14.35)	78,631.65	78,634	(2.35)	(0.00)%
Dental Sealants	5,361.39	30,000.00	30,000		0.00%
Drinking Water	21,245.95	448,757.00	448,757	-	0.00%
ELC Contact Tracing and Wraparound	21,722.59	435,392.11	559,311	(123,918.89)	(22.16)%
ELC COVID Infection Prevention - CELC	-	90,000.00	90,000	-	0.00%
Emergency Preparedness	-	121,490.00	121,490	-	0.00%
Emergency Preparedness July-Sept	11,667.45	40,497.00	40,619	(122.00)	(0.30)%
Family Planning	7,963.33	401,579.33	401,579	0.33	0.00%
Food Service	-	270,791.00	270,791	-	0.00%
General EH - Campgrounds	-	3,575.00	6,375	(2,800.00)	(43.92)%
General EH - DHHS Inspection	4,245.00	39,320.00	43,265	(3,945.00)	(9.12)%
General EH - Pools & Spas	750.00	4,705.00	5,400	(695.00)	(12.87)%
Grayling Water Recovery	9,947.67	35,113.88	67,079	(31,965.12)	(47.65)%
Harm Reduction Support	-	90,000.00	90,000	-	0.00%
Hart High School Mental Health Grant	10,816.83	93,604.73	110,000	(16,395.27)	(14.90)%
Healthy Families America Grand Traverse	-	-	34,247	(34,247.00)	(100.00)%
Hearing	-	70,808.00	70,808	-	0.00%
HFA FFPSA Lake County	-	130,000.00	130,000	-	0.00%
HIV Prevention	4,158.93	45,000.00	45,000	-	0.00%
Imms VFC/INE	-	19,050.00	19,050	-	0.00%
Immunizations	-	207,484.00	207,484	-	0.00%
Immunizations IAP	-	108,280.00	108,280	-	0.00%
Immunizations Vaccine Quality Assurance Interconnected MH System-Mason	-	54,660.00	54,660	- (12,602.00)	0.00%
Lead Home Visiting	-	403.16	12,602 500	(12,602.00) (96.84)	(100.00)% (19.37)%
Ludington Schools Mental Health Grant	- 21,311.49	403.10	110,000	(65,726.76)	(59.75)%
MCH Women	28,114.27	74,934.78	78,000	(3,065.22)	(3.93)%
MCIR	-	175,000.00	175,000	(3,003.22)	0.00%
Medicaid Outreach	14,392.00	189,750.00	198,461	(8,711.00)	(4.39)%
MI Home Visiting IRE (HFA)	-	569,651.00	569,651	(0,711.00)	0.00%
MI Safer Schools	59,561.32	965,532.01	1,063,701	(98,168.99)	(9.23)%
Monkeypox	7,595.94	7,595.94	10,421	(2,825.06)	(27.11)%
Non Community Water	16,650.00	199,803.00	205,153	(5,350.00)	(2.61)%
On-Site Sewage - Septic Systems		387,374.00	387,374	-	0.00%
Oral Health Kindergarten Screening	1,331.33	29,948.48	43,436	(13,487.52)	(31.05)%
Pentwater Schools Mental Health Grant	22,805.04	50,969.96	110,000	(59,030.04)	(53.66)%
PFAS Eagle Ottawa Farm	(291.25)	1,592.31	3,875	(2,282.69)	(58.91)%
PFAS Ludington WWTP	755.12	755.12	2,606	(1,850.88)	(71.02)%
PFAS Rothbury	753.34	3,719.03	14,700	(10,980.97)	(74.70)%
PFAS Wexford Missaukee CTC	254.30	10,822.55	16,083	(5,260.45)	(32.71)%
Prosperity Grant/CLPP	818.08	40,000.00	40,000	-	0.00%
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				Total Budget	Porcont Budgot
	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Public Health Workforce	-	-	105,403	(105,403.00)	(100.00)%
Regional Perinatal Care System	25,692.52	148,709.21	170,000	(21,290.79)	(12.52)%
Rotary Charities	-	5,590.00	5,174	416.00	8.04%
Rural Health Network - CHIR	-	30,188.00	30,188	-	0.00%
School Wellness - McBain	68,521.45	100,203.92	170,000	(69,796.08)	(41.06)%
Staff Recognition	-	152,693.31	152,694	(0.69)	(0.00)%
STI Clinics	-	45,000.00	45,000	-	0.00%
TB Ukraine	53.80	53.80	-	53.80	0.00%
Tobacco Grant	4,787.82	40,000.00	40,000	-	0.00%
Vision	-	70,808.00	70,808	-	0.00%
WIC Migrant	-	98,000.00	98,000	-	0.00%
WIC Peer Counselor	1,325.84	297,969.00	297,969	-	0.00%
WIC Resident	-	1,570,745.00	1,570,745	-	0.00%
Wisewoman Coordination		25,000.00	25,000		0.00%
Total State & Federal Funding	668,388.34	10,515,050.42	11,540,351	(1,025,300.58)	(8.88)%
ther Funding					
Administration	12,654.00	12,654.00	5,000	7,654.00	153.08%
Adolescent Health Center - Cadillac	5,251.34	248,000.00	248,000	-	0.00%
Adolescent Health Center - Chippewa Hills Full	5,000.00	5,000.00	5,277	(277.00)	(5.25)%
Adolescent Health Center - Lake City Clinical	1,666.66	62,407.50	62,407	0.50	0.00%
Adolescent Health Center - Mason County	1,666.66	20,000.00	20,000	-	0.00%
Adolescent Health Center - Shelby	2,750.00	248,000.00	248,000	-	0.00%
Adolescent Health Center - Viking Wellness	25,939.49	171,085.86	175,000	(3,914.14)	(2.24)%
Agnes Taylor Fund	-	210.62	4,215	(4,004.38)	(95.00)%
AHC COVID Immunization	-	180,647.00	180,825	(178.00)	(0.10)%
AHC Lake City MH Expansion	6,785.52	15,323.88	20,000	(4,676.12)	(23.38)%
AHC Mason County Eastern MH Expansion	-	13,473.04	20,000	(6,526.96)	(32.63)%
Brethren High School Mental Health Grant	1,666.66	20,000.00	20,000	-	0.00%
Building Lease Cadillac	8,600.00	103,200.00	103,200	-	0.00%
Building Lease Hart	5,300.00	63,600.00	63,600	-	0.00%
CATCH Grant	-	10,296.50	10,296	0.50	0.00%
CC HUB NW	7,456.00	89,476.00	89,476	-	0.00%
CCL HUB	60,800.00	121,600.00	121,600	-	0.00%
CD Billing Counties	-	1,621.87	3,000	(1,378.13)	(45.94)%
CHA Needs Assessment	-	26,000.00	26,000	-	0.00%
Chippewa Hills School Mental Health Grant	(3,333.34)	15,000.00	15,000	-	0.00%
CHIR - Communications	-	6,000.00	6,000	-	0.00%
CHIR BBO	-	25,000.00	25,000	-	0.00%
Chronic Disease Prevention	-	-	15,160	(15,160.00)	(100.00)%
Coalition Capacity Building Lake	267.62	12,364.67	15,333	(2,968.33)	(19.36)%
Coalition Capacity Building Manistee	4,468.02	33,930.87	34,536	(605.13)	(1.75)%
Coalition Capacity Building Mason	3,025.46	11,894.43	28,311	(16,416.57)	(57.99)%
Communicable Disease	165.00	615.00	450	165.00	36.67%
Community Health	-	26,523.00	45,790	(19,267.00)	(42.08)%
COVID Health Disparities - Rural Health	25,344.60	114,413.00	182,392	(67,979.00)	(37.27)%
COVID Prevention Missaukee	-	8,342.00	8,342	-	0.00%
COVID Prevention Wexford	-	17,389.00	17,389	-	0.00%
CSHCS Thorton Fund Kalkaska	-	3,577.15	5,977	(2,399.85)	(40.15)%
Dental Outreach	1,360.58	6,395.63	6,396	(0.37)	(0.01)%
Early On Oceana	-	412.50	500	(87.50)	(17.50)%
EPI	-	350.00	350	-	0.00%
Family Planning	20,000.00	20,000.00		20,000.00	0.00%
Finance	-	113,352.00	113,352	-	0.00%
Gambling Disorder Prevention Project Grant	2,264.01	24,300.00	24,300		0.00%
Grayling School Mental Health	3,531.38	29,347.85	30,000	(652.15)	(2.17)%
Hart High School Mental Health Grant	1,666.66	20,000.00	20,000	-	0.00%
Healthy Families America - Manistee/Missaukee	13,184.22	150,749.00	150,749	-	0.00%
Healthy Futures Munson	-	4,034.00	4,034	-	0.00%
Immunizations	450.00	1,725.00	302,000	(300,275.00)	(99.43)%
Interconnected MH System-Mason	41,195.59	166,943.85	250,000	(83,056.15)	(33.22)%
LiveWell for your Heart	2,450.88	34,643.84	44,700	(10,056.16)	(22.50)%

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
LRE ARPA Prevention	3,336.00	3,336.00	3,336	_	0.00%
LSRE ARPA Mason	5,596.00	5,596.00	5,596	-	0.00%
LSRE ARPA Oceana	5,834.00	5,834.00	5,834	-	0.00%
Ludington Schools Mental Health Grant	-	-	3,828	(3,828.00)	(100.00)%
Maternal Infant Health Program	-	500.00	500	-	0.00%
MCDC	15,210.00	298,778.37	400,000	(101,221.63)	(25.31)%
Media and Marketing	(5,000.00)	-	-	-	0.00%
Medical Marihuana Operations and Oversight	56.35	10,501.14	12,863	(2,361.86)	(18.36)%
Medical Marihuana Operations and Oversight	39.92	2,646.80	2,933	(286.20)	(9.76)%
Medical Marihuana Operations and Oversight	70.00	4,821.78	5,145	(323.22)	(6.28)%
Medical Marihuana Operations and Oversight	45.92	9,309.52	13,043	(3,733.48)	(28.62)%
MI Home Visiting IRE (HFA)	-	-	7,500	(7,500.00)	(100.00)%
North Central Network Expanding Capacity for	6,909.33	8,621.72	100,000	(91,378.28)	(91.38)%
Nursing Administration	-	2,527.50	5,055	(2,527.50)	(50.00)%
Oceana LEADS DFC	14 552 25	125,900.00	125,900	-	0.00%
Prevention	14,553.35 3,435.29	107,540.00 20,854.00	107,540 20,854	-	0.00% 0.00%
Prevention Grant Missaukee Prevention Grant Wexford	5,455.29	43,472.00	43,472	-	0.00%
Rotary Charities		16,000.00	16,447	- (447.00)	(2.72)%
Rx for Health	7,445.55	276,172.06	276,172	0.06	0.00%
School Wellness - McBain		2/0,1/2.00	4,346	(4,346.00)	(100.00)%
School Wellness Center - Manton/Mesick	34,452.34	200,000.00	200,000	(1,510.00)	0.00%
Snap Ed Full-Year	-	92,710.00	92,710	-	0.00%
Staff Recognition	-	387,285.16	387,286	(0.84)	(0.00)%
State Opioid Response (SOR) Lake	1,205.58	12,718.42	10,000	2,718.42	27.18%
State Opioid Response (SOR) Mason	-,	8,836.44	20,000	(11,163.56)	(55.82)%
State Opioid Response (SOR) Oceana	74.48	9,177.70	15,000	(5,822.30)	(38.82)%
Sub Abuse COVID Supplemental - Lake	-	5,260.00	5,260	-	0.00%
Sub Abuse COVID Supplemental - Mason	-	15,219.27	15,782	(562.73)	(3.57)%
Sub Abuse COVID Supplemental - Oceana	-	17,310.73	16,748	562.73	3.36%
Sub Abuse COVID Supplemental Lake21	-	3,400.00	3,400	-	0.00%
Sub Abuse COVID Supplemental Mason21	1,552.48	10,741.53	12,000	(1,258.47)	(10.49)%
Sub Abuse COVID Supplemental Oceana21	-	12,600.00	12,600	-	0.00%
Substance Use Stigma Assessment and	29,426.00	29,426.00	38,426	(9,000.00)	(23.42)%
Substance, Education and Awareness (SEA)	-	8,000.00	8,000	-	0.00%
Tobacco/ENDS Education	1,000.00	1,000.00	1,000	-	0.00%
Vaccine Marketing	-	12,000.00	12,000	-	0.00%
WIC Resident		-	200	(200.00)	<u>(100.00)%</u>
otal Other Funding	386,819.60	4,027,995.20	4,782,733	(754,737.80)	(15.78)%
Revenue	425.00	42.270.06	45 000		(6.05)0/
Adolescent Health Center - Cadillac	125.00	42,278.06	45,000	(2,721.94)	(6.05)%
Adolescent Health Center - Chippewa Hills Full	4,571.13	4,571.13	-	4,571.13	0.00%
Adolescent Health Center - Lake City Clinical	1,481.76	28,815.50	32,000	(3,184.50)	(9.95)%
Adolescent Health Center - Mason County	50.00 730.30	10,072.49	11,500	(1,427.51)	(12.41)%
Adolescent Health Center - Shelby Adolescent Health Center - Viking Wellness	25.00	60,234.86 31,552.67	62,000 33,600	(1,765.14) (2,047.33)	(2.85)% (6.09)%
BCCCP Direct	592.78	11,444.83	11,500	(2,047.33)	(0.48)%
Breast Cervical Cancer Control Program		10,327.04	10,500	(172.96)	(1.65)%
Brethren High School Mental Health Grant	44.57	3,283.25	4,175	(891.75)	(21.36)%
CC HUB NW	28,712.75	167,024.27	152,000	15,024.27	9.88%
CCL HUB	350.00	350.00	-	350.00	0.00%
Chippewa Hills School Mental Health Grant	(3,988.36)	37,576.03	37,576	0.03	0.00%
Community Health	-	10.00	-	10.00	0.00%
COVID MI Supplemental Funding	10,552.80	448,099.64	400,000	48,099.64	12.02%
Dental Sealants		2,341.00	3,000	(659.00)	(21.97)%
Dental Varnish	-	657.89	650	7.89	1.21%
	15,887.68	93,881.57	92,000	1,881.57	2.05%
Family Planning					
Hart High School Mental Health Grant	93.18	40,088.88	40,000	88.88	0.22%

				Total Budget	Percent Budget
	Current Month	YTD Actual	Budget	Variance	Remaining
Immunizations	39,555.13	527,439.03	521,307	6,132.03	1.18%
Lead Hemoglobin	230.32	1,954.67	1,600	354.67	22.17%
Maternal Infant Health Program	40,234.68	458,418.65	500,000	(41,581.35)	(8.32)%
MCH Women	-	765.35	1,370	(604.65)	(44.14)%
School Wellness Center - Manton/Mesick	(54.68)	41,678.44	45,000	(3,321.56)	(7.38)%
STI Clinics	1,429.71	7,777.03	7,400	377.03	5.09%
Vision	1,279.07	18,416.07	18,000	416.07	2.31%
Wisewoman Coordination	2,200.00	16,850.00	16,700	150.00	<u>0.90%</u>
Total Billing Revenue	146,274.02	2,084,146.15	2,063,878	20,268.15	0.98%
Medicaid Cost Settlement					
Medicaid Cost Report	195,062.00	1,745,062.00	1,745,062	-	0.00%
Total Medicaid Cost Settlement	195,062.00	1,745,062.00	1,745,062	-	0.00%
Environmental Health Revenue	135,037.90	1,728,496.57	1,726,097	2,399.57	0.14%
Appropriations	247,873.30	2,974,479.78	2,974,480	(0.22)	(0.00)%
Other Revenue					
MMRMA Distribution	-	32,291.00	32,291	-	0.00%
Workers Compensation Dividends	-	24,973.00	24,973	-	0.00%
Other	11,557.79	104,949.88	102,544	2,405.88	2.35%
Total Other Revenue	11,557.79	162,213.88	159,808	2,405.88	1.51%
Total Revenues	1,791,012.95	23,237,444.00	24,992,409	(1,754,965.00)	(7.02)%

				Total Budget	Percent Budget
Expenses	Current Month	YTD Actual	Budget	Variance	Remaining
Wages	959,099.38	11,817,733.99	12,018,663	200,929.01	1.67%
Fringes	436,537.61	5,785,125.43	5,900,430	115,304.57	1.95%
Travel	41,952.41	474,076.69	543,172	69,095.31	12.72%
Supplies	352,092.58	1,512,327.64	2,014,207	501,879.36	24.92%
Contractual	261,004.51	954,213.60	1,433,669	479,455.40	33.44%
Communications	38,288.80	355,961.97	394,245	38,283.03	9.71%
Printing/Publishing	28,799.43	158,102.18	182,531	24,428.82	13.38%
Education/Training	4,990.27	56,174.63	94,813	38,638.37	40.75%
Liability Insurance	-	100,529.92	119,044	18,514.08	15.55%
Maintenance	53,421.35	512,597.40	554,453	41,855.60	7.55%
Space	126,435.25	1,517,223.52	1,533,897	16,673.48	1.09%
Capital Outlay	6,745.32	223,101.89	340,000	116,898.11	34.38%
County DSH/Dental	29,110.00	465,578.37	566,800	101,221.63	17.86%
Total Expenses	2,338,476.91	23,932,747.23	25,695,924	1,763,176.77	6.86%
Increase (Decrease) Fund Balance	(547,463.96)	(695,303.23)	(703,515)		

District Health Department #10 Aged Receivable Report 09/01/2022 - 09/30/2022

	Balance		31-60 Days	-	91+ Day
Due From County	53,987.51	31,534.14	9,597.58	9,597.58	3,258.2
Due From Other	F2 7F0 00	2 501 24	10 110 60	14.026.04	10 211 0
Due From Adolescent Health Center Grant	53,750.00	2,501.34	18,110.68	14,926.94	18,211.0
Due From Adolescent Health Center Grayling Grant	34,976.00 53,750.00	24,272.83	10,703.17 11,915.00	- 21,329.89	- 20,505.1
Due From Adolescent Health Center Shelby Grant Due From AHC - Lake City Clinical	55,750.00	-	11,915.00	21,329.89	20,505.1
Due From AHC - Mason County Eastern	-	-	-	-	-
Due From AHC COVID Immunization	- 169,635.00	- 1,296.78	- 27,769.93	- 35,031.35	- 105,536.9
Due From ARPA		,	27,709.93	35,031.35	105,550.5
	14,766.00	14,766.00	-	-	-
Due From Basic Flex	73,586.78	-	-	-	73,586.7
Due From CCL Hub	22,370.00	7,456.00	7,456.00	7,458.00	-
Due From CHIR	6,484.00	-	6,234.56	249.44	-
Due From CHIR Communications	-	-	-	-	-
Due From CHIR Rotary Charities	-	-	-	-	-
Due From CHW Project	24,581.10	24,581.10	-	-	-
Due From Coalition Capacity Building	14,524.97	7,761.10	6,763.87	-	-
Due From COVID Prevention	4,256.00	-	4,256.00	-	-
Due From Dental Partnership	-	-	-	-	-
Due From DFC Oceana LEADS	8,421.00	-	8,421.00	-	-
Due From Gambling Disorder Grant	6,729.00	2,264.01	4,464.99	-	-
Due From Grayling Mental Health Grant	3,531.38	3,531.38	-	-	-
Due From Healthy Families Manistee/Missaukee	39,337.00	13,184.22	0.84	-	26,151.
Due From Healthy Futures Munson	-	-	-	-	-
Due From Lake City MH Expansion	323.88	323.88	-	-	-
Due From LEADS' Medication Lock Box	-	-	-	-	-
Due From MCDC	-	-	-	-	-
Due From MCE MH Expansion	_	_	-	_	-
Due From MMOOG	1,026.12	306.57	719.55	_	-
Due From Others	19,345.46	19,345.46	715.55	_	-
Due From Prevention	13,653.00	13,653.00			
Due From Prevention Due From Prevention Grant Miss/Wex	8,729.00	3,435.00	- 	-	-
Due From Prevention Grant Miss/Wex Due From SA COVID Supplemental		2,279.53	5,294.00	-	-
Due from School Wellness Grant	2,279.53		1 024 10	- - 000 FC	2 6 4 2 4
Due From School Weilness Grant Due From Snap	42,500.00	31,952.34	1,824.10	5,080.56	3,643.
	5,379.35	-	5,379.35	-	-
Due from Tobacco/ENDS Education	1,000.00	-	1,000.00	-	-
Due From Other Sum	624,934.57	172,910.54	120,313.04	84,076.18	247,634.8
Due From State	1,185,140.14	1,184,376.14	764.00	-	-
irand Total	1,864,062.22	1,388,820.82	130,674.62	93,673.76	250,893.0

Percentage

74.51% 7.01% 5.03% 13.46%

District Health Department #10 Cash Flow Analysis October 20, 2022

Beginning Cash Balance	October 11,918,024	November 11,596,642	December 11,284,374	January 10,977,106	February 11,065,652	March 10,733,384
Receipts:						
State Funding	300,000	961,000	961,000	961,000	961,000	961,000
Billing Revenue	50,000	171,000	171,000	171,000	171,000	171,000
EH Fees	50,000	85,000	90,000	65,000	65,000	125,000
Appropriations	129,675	-	-	420,814	-	-
Other	100,000	398,000	398,000	398,000	398,000	398,000
Total	629,675	1,615,000	1,620,000	2,015,814	1,595,000	1,655,000
Expenses:						
Wages	462,932	987,555	987,555	987,555	987,555	987,555
Benefits	238,633	491,702	491,702	491,702	491,702	491,702
Other	249,493	448,011	448,011	448,011	448,011	448,011
Total	951,058	1,927,268	1,927,268	1,927,268	1,927,268	1,927,268
Total Cash & Investments	11,596,642	11,284,374	10,977,106	11,065,652	10,733,384	10,461,116

Accounts Payable

	Amount	Date
22514 - 22620, 508836 - 508895	\$1,100,263.63	September - October
1314		
Total Accounts Payable	\$1,100,263.63	

Pavroll

Fayion		
73459 - 73920	\$708,525.81	September - October
Total Payroll	\$708,525.81	

Total Expenditures

\$1,808,789.44



Board of Health

Community Health Divison

4th Quarter Report-October 28, 2022

<u>Community Connections</u> –Q4 and YTD data for FY22*

	Program Referrals		Assista	nce Pathways
	Q4	FYTD	Q4	FYTD
Crawford	14	69	5	45
Kalkaska	26	99	4	23
Lake	21	50	9	31
Manistee	56	211	50	217
Mason	30	97	16	65
Mecosta	33	170	41	142
Missaukee	37	119	10	50
Newaygo	28	112	30	67
Oceana	25	133	16	69
Wexford	112	428	39	259
TOTAL	382	1488	220	946

*Some assistance pathways and contact attempts are still in progress

- There is ongoing and significant demand for Community Connections; the program is currently at 190% capacity with a wait list. Two full-time positions were filled in August to help meet this demand, specifically in Crawford, Kalkaska, and Wexford counties.
- An additional 1.8 FTE is still vacant- one was hired and started this month; the other 1.0 FTE remains vacant.
- DHD#10 staff trained 37 CHWs from across the state in FY22 in support of center for rural health funding. A cohort started in Q4 with 22 participants.
- The most frequent assistance pathways in Q4 were food insecurity (43) and housing needs (26). Food assistance navigation was most met by assistance signing up and navigating for SNAP benefits.

Chronic Disease Prevention Programming

• WiseWoman – Caseload has been met for FY22 per MDHHS. FY 22 Enrollments by County; State Caseload allotment: 100

Crawford	1
Kalkaska	5
Mason	7
Manistee	2
Mecosta	21
Newaygo	15
Oceana	16
Wexford	28
TOTAL	95

- Prescription for Health (grant ended 9/30/22):
 - \circ 305 participants enrolled in Prescription for Health in Q4.
 - A Communities of Excellence in Nutrition, Physical Activity, & Obesity Prevention(CX3) assessment was completed at Family Fare stores in Kalkaska, Manistee, and Wexford counties and at Hansen's Grocery in Hart. Staff presented the assessment findings to Family Fare marketing staff. Signage promoting WIC, SNAP, and choosing fresh fruits and vegetables was developed and will be placed in the produce section. It will also be included in digital messaging. Additionally, a QR code on the sign links shoppers to a video explaining how to select and prepare seasonal produce.
- Diabetes Prevention Program
 - Q4 Programming: 15 participants in 2 cohorts. One cohort has a cumulative 44.8lbs lost and participants average of 272 minutes of weekly physical activity. The other cohort started in September and will be reported in the next quarter due to limited data.
 - DHD#10 has started billing Medicare for eligible DPP participants, increasing sustainability for the program.
- Tobacco Control and Cessation Efforts
 - o 15 TTS referrals (2 SCRIPT referrals), 2 enrollments.
 - 31,069 people reached through tobacco cessation and prevention messages on social media, including posts about youth and vaping, World Lung Cancer Awareness Day, and online tobacco-free parks map on the LiveWell4Health website. Links to the county maps can be found on the county profile pages on the website:
 www.livewell4health.org

- 12 Adolescent Health Center staff from DHD#10 received training on Tobacco Cessation services and prevention programming
- 13 school districts/ISDs in the jurisdiction received guidance and resources for updating tobacco-free school policies. One school district (McBain) implemented tobacco-free school signage.
- 3 municipalities in the jurisdiction received additional tobacco/substance-free signs for their parks (City of Ludington, City of Scottville, City of Manistee).
- Q4 Legislative update is included at the end of the report.

SNAP-Ed

- Reached 567 participants in direct nutrition education across multiple counties and programs.
- Implemented several Policy, Systems, and Environmental (PSE) projects: Reached approximately 3,200 across all PSE initiatives.
 - PSE includes recipe library and signage promoting nutritious foods and/or physical activity. Example images below of signage and a bike rack installed at Copeyon Park in City of Ludington and a recipe library implemented at the Manistee Friendship Society.
- 1,399 people were reached through SNAP-Ed messages on social media.
- Finalized the workplan for the FY23 grant for \$100,000 to implement nutrition education in Crawford, Manistee, Mecosta, and Oceana counties.



Behavioral Health Project: Mason County Interconnected Systems Framework

- Preparing to expand into Oceana and Lake Counties in winter/spring 2023.
- The co-lead "coaches" are supporting schools in the county with completing the District Systems Fidelity Inventory and identifying gaps in mental health supports and service processes (ex: screening, referral, evidence-based programming).

<u>Oral Health</u> –

• 139 assessments/screenings, 23 sealants, 2 fluoride varnishes, 57 sealant retention checks were completed in Mason, Oceana, Newaygo and Mecosta counties.

Substance Misuse Prevention (Lake, Manistee, Mason, Missaukee, Oceana, and Wexford)

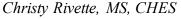
- 212 medication lockboxes were distributed in Mason, Lake, and Oceana counties for safe storage of medications.
- A drug takeback event was held in Mason County and collected medications from 35 households.
- 1,401 people were reached throughout the 6 counties with various prevention messaging through community events and materials distribution.
- A geofencing campaign was implemented in Wexford and Missaukee counites addressing youth marijuana use, reaching an estimated 27,000 people. Additional reach via PSA radio spots was 200,000.
- SEA Manistee coalition initiated strategic planning and received over 100 resident responses through a community survey.

Gambling Prevention

• A social media campaign was implemented to educate the public on gaming and gambling (see

example messaging below). A total of 23,776 people were reached.

Respectfully Submitted,









District Health Tobacco Prevention & **Control Quarterly Update** July, August, and September 2022

District Health Department #10 (DHD#10) receives funding from the Michigan Department of Health and Human Services under the Michigan Tobacco Control Grant Program to implement activities in the 10 counties of the jurisdiction to prevent and reduce tobacco use.

YOUTH VAPING PREVENTION

A majority of public school districts in the DHD#10 jurisdiction (68% of school districts and 86% of ISDs) have initiated Bonus Comprehensive 24/7 Tobacco-Free School policies. This type of policy is the most updated and comprehensive policy for tobacco prevention in Michigan schools, and includes verbiage around vape products as well as eliminating use of tobacco or vaping products on school campuses or at school events 24/7.

While this is a great step towards protecting the kids in our communities, there is more work to accomplish. According to the Michigan Profile for Healthy Youth Survey (MiPHY) for the 2021-2022 school year, high school students reported the following for past month vaping (data not available for Crawford, Kalkaska, Lake or Mecosta):

- **Manistee**: 14.9%
- Mason: 21.5%
- Missaukee: 19.4%
- Newaygo: 16.9%
- Oceana: 14.8%
- Wexford: 16.4%

Based on a feedback survey sent to school administrators this summer, 100% of respondents requested support with updating their signage to support tobacco- and vape-free policies in the school setting. Several respondents also requested educational materials and trainings. DHD#10 is primed to offer this support to schools in the 2022-2023 school year, thanks to ongoing funding from MDHHS for Tobacco Prevention and Control.

For more information about this project, please contact:

kmiller@dhd10.org (231) 316-8567

CALL TO ACTION:

Check out the county links on the Live Well 4 Health website to find local tobacco-free parks in your area! Don't see a park on the list? Contact your local Parks department to encourage them to establish tobacco- and substance-free park rules or ordinances, to protect kids and families from secondhand smoke exposure while shielding our environment from hazardous litter (cigarette butts, vape devices, alcohol bottles, etc.).

https://www.livewell4health.org/

To learn more about how you can work to enact tobaccofree policies at parks and beaches in your jurisdiction, contact us today:

livewell4health.org/contact



State Website Links for Tobacco Topics:

- Quitting Tobacco: How to Quit Tobacco Page
- Kids & Tobacco: Prevent Kids from Using **Tobacco Page**
- Creating Tobacco-Free Spaces: Tobacco-**Free Spaces Page**
- Data & Statistics: Tobacco in MI Page

For the counties of Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, & Wexford.



Board of Health

Environmental Health

4th Quarter Report-October 28, 2022

QUALITY ASSURANCE REPORT: Septic and Well Program.

The permit timeline for the well and septic program has experienced some challenges. We are in a current state of transition as we have brought on many new staff members. Some counties have had one EH clerk on staff for several months, such as Crawford County, who had one (1) clerk for both Environmental Health and Medical. It was also the busiest 3 months out of the year, activities are now beginning to slow down.

Number of days from receipt of permit application to completed permit

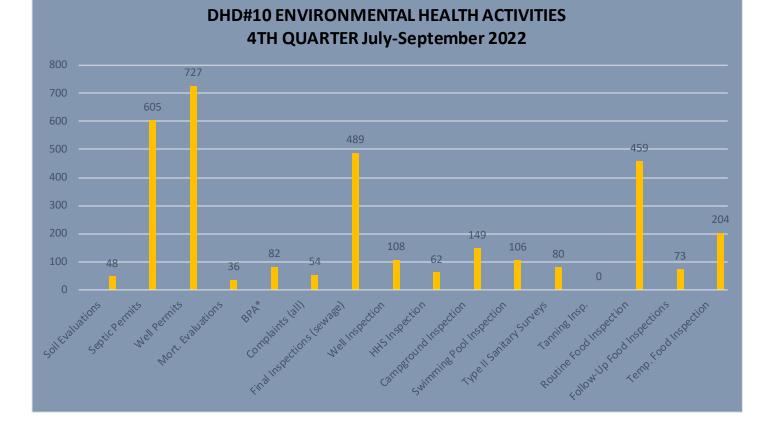
County	July	August	September
Crawford	16	9	15
Kalkaska	11	9	6
Lake	5	11	10
Manistee	10	9	12
Mason	9	9	7
Mecosta	14	17	8
Missaukee	9	14	6
Newaygo	9	9	6
Oceana	4	4	4
Wexford	5	5	7

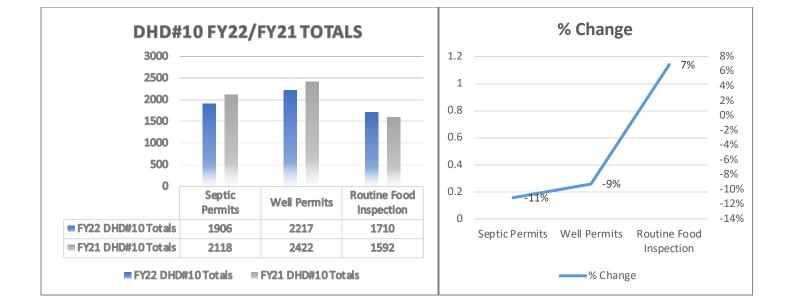
N/A= Too small of permit numbers to calculate median (5 minimum)

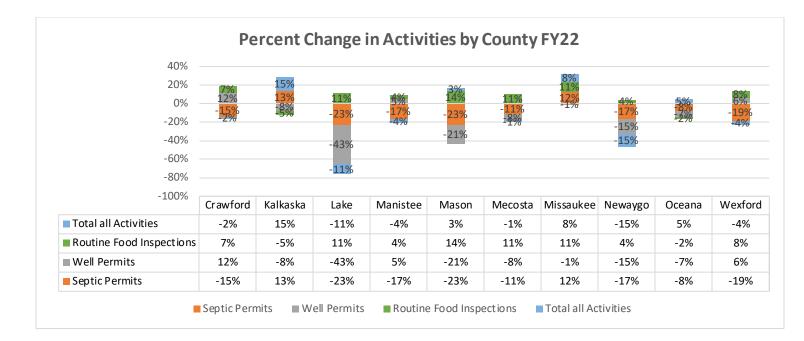
Goal: No more than 7 days from date of receipt to issue

GENERAL ENVIRONMENTAL HEALTH.

Overall, the total number of EH activities over the course of this past FY22 have remained consistent, but with a slight decrease in the number of issued permits compared to FY2. Total activities ending in September 2021 was 10,138 compared to 9,966 in September 2022. Total number of well & septic permits issued in FY21 was 4,540 compared to FY22 at 4,123. Despite a decrease in the number of well and septic permits there was an increase in the number of routine food inspections with 1,592 in FY21 compared to 1,710 in FY22. A further breakdown of the types of activities is provided in the graphs on the next two pages.







GENERAL ENVIRONMENTAL HEALTH COMPLAINTS

The agency received a total of 53 Environmental Health complaints over the last quarter. We received 59 from April thru June. The breakdown of all complaints is provided below:

Residential Septic	24
Trash/Rubbish	13
Campgrounds	4
Commercial Septic	3
Building Structure	3
Drinking Water	3
Pools	3

FOOD SAFETY PROGRAM.

The food sanitarians completed a total of 458 routine inspections and 24 pre-opening inspections for a total of 482 inspections. There was a total of 335 Priority/Priority Foundation violations over the last quarter. The major violations cited were:

1.	Improper cold holding of food temperatures
2.	Poor design maintenance or cleaning of food equipment & utensils
3.	Date marking of food products

Suspected Foodborne Illness.

The department received six (6) suspected foodborne illness complaints. Two of the complaints received resulted in a confirmed outbreak from one of our facilities (Trout Town).

Complaints.

The department received a total of twelve (12) food complaints for this last quarter. The complaints are as follows:

1.	No beard restraints/nets
2.	No beard restraints/nets
3.	Bugs in fast food bag
4.	Bare hand contact with ready-to-eat foods
5.	Food under grill, unclean, dishes not clean
6.	No gloves worn with prepared foods
7.	Dog in food facility
8.	Foods not being refrigerated
9.	Sewage near facility
10.	Water from mop bucket used to fill water glasses
11.	Maggots in chicken
12.	Foods undercooked

Food Service Establishment (FSE) Updates.

From July - September the department licensed 17 new facilities. During this quarter the department also reported 14 facilities closed.

Crawford	3	Crawford	4	
Kalkaska	1	Kalkaska	0	
Lake	0	Lake	0	
Manistee	3	Manistee	2	
Mason	2	Mason	2	
Mecosta	2	Mecosta	2	
Missaukee	1	Missaukee	0	
Newaygo	3	Newaygo	1	
Oceana	1	Oceana	0	
Wexford	1	Wexford	3	
Total New	17	Total Closed	14	

Respectfully Submitted,

Michael Kramer, MPH, REHS Environmental Health Director



Board of Health Family Health Clinical

4th Quarter Report -10/28/2022

Family Health Division has had another busy quarter.

- We did have one resignation and have posted a job opening for the Manistee office.
- Current staff are working at balancing their previous duties to include more school health nursing. They will collaborate with the schools on providing covid and communicable disease support.
- The State Bureau of Laboratories visited to provide education to our PHNs on different divisions in the lab, submitting specimens, obtaining testing supplies as well as a general overall summary of what they have to offer.
- Staff will be traveling for the annual Immunization Conference this month. Eight continuing education credits per PHN are required for our minimum program requirements. The conference will award most of these credits for those attending. This conference will also give us the opportunity to network with other Health Departments.

Family Planning

- We received approval for our request of Tile X grant funding.
- We have decreased the number of med clinics due to budget concerns throughout our jurisdiction.
- We continue to see an increase of clients that need services in our 10 counties comparatively from this year's 4th quarter to last years. Our teen clients have increased by more than 20 %. Our clients over 40 years have decreased by almost 50%. See table below.

4th Quarter 2022

4th Quarter 2021

Age Group	Female Users	Male Users	Total Users	Age Group	Female Users	Male Users	Total Users
Under 15	9	0	9	Under 15	2	0	2
15 - 17	45	2	47	15 - 17	41	1	42
18 - 19	52	0	52	18 - 19	37	2	39
20 - 24	76	7	83	20 - 24	88	9	97
25 - 29	48	7	55	25 - 29	49	1	50
30 - 34	42	2	44	30 - 34	43	4	47
35 - 39	38	1	39	35 - 39	32	4	36
40 - 44	27	3	30	40 - 44	30	0	30
Over 44	28	1	29	Over 44	52	4	56
Total Users	365	23	388	Total Users	374	25	399

HIV

- HIV self-test kits are still available on our website and are being sent to homes when requested by clients.
- HIV CTR training for our agency's HRAs was completed in September.
- A meeting was held with Mark Schaecher, Public Health Detailer of the Division of HIV & STI programs. Discussion was had on thePreP and PEP guidelines and the possibility of DHD #10 being a provider of PreP and PEP in the future.

<u>STD</u>

- There was an increase of 10 STD clients from 4th quarter 2021 to 4th quarter 2022.
- The STD program that began last quarter is still in effect. Nurses can see STD clients without a clinician being in the office. Clinicians will continue to be consulted for non-established clients or clients that are unable to come into a medical clinic

Outreach

• DHD #10 and Darrin Family Planning Director at MDHHS are collaborating on the possibility of using our mobile unit for family planning outreach to the migrant workers. There is some difficulty with Darrin Family Planning receiving a drug control license for a mobile unit. We are waiting to hear on the license issue to proceed. More to come.

Recalls and Reminders for overdue immunizations:

• Beginning in the 2nd quarter, the CDCF began calling our pediatric clients that were overdue for immunizations. Approximately 1,575 calls were made. The group will begin working on the adolescent population next.

Monkey Pox:

- In August 2022, DHD#10 was designated as a Monkeypox Vaccine hub and received 500 doses of JYNNEOS.
- On 8/11/22 the first high risk clients in Mecosta and Kalkaska were vaccinated.
- From 8/11/22 through 10/6/22 we have administered 35 doses of JYNNEOS to 25 clients. To date, there are no active cases of Monkey Pox in the DHD#10 jurisdiction.
- Social media posts were developed to educate the public and help with outreach.

Immunizations

- Immunization clinics and back to school immunizations are in full swing.
- 3,204 vaccines and 366 Tuberculin Skin tests were administered in the 4th quarter of the 2021-2022 fiscal year.
- Waiver rates have increased for DHD#10 and across the state. In the 2021-2022 fiscal year DHD#10 has completed 516 non-medical immunization waivers. Waivers are given for the following:
 - Kindergarteners
 - o 7th graders
 - Anyone new to a school district who are not up to date on immunizations or choose not to vaccine due to philosophical or religious reasons.
- The 2022-2023 flu vaccine season began in September. September 6th-October 12 DHD #10 has administered 2,542 flu vaccines.

COVID Vaccines:

- DHD#10 continues to host in office clinics and off-site community clinics throughout the jurisdiction.
- In September Novavax COVID vaccine became available as a primary series vaccine.
- On 9/7/22 Bivalent Pfizer and Moderna COVID boosters were authorized for individuals 12 years and older.
- Currently there are 9 different types of COVID vaccines available: Janssen, Novavax, Pfizer 12+ Monovalent, Pfizer 12+ Bivalent, Pfizer 5–11-year-old monovalent, Pfizer 6 month – 4 years, Moderna Monovalent, Moderna Bivalent, 6 month – 5-year-old Moderna.

- Crawford Kalkaska 7707 3075 2919 72 1096 44 41 282 160 Lake Manistee Mason 71 ecosta 6703 6806 180 15957 1354 121 119 404 193 SAHC NA NA VWC WAHC MCE WC NA N/ NA NA NA NA LC WO NA NA
- As of 10/12/22 DHD#10 has administered the following COVID vaccines:

A look over the last 3 years:

- The 2021-2022 Fiscal year has seen an increase in vaccines administered compared to the last 3 years. These totals include flu but do not include COVID vaccines administered:
- 2019-2020 11,477 doses administered
- 2020-2021 8,037 doses administered
- 2021-2022 12,238 doses administered

<u>CLIA</u>

- The new CLIA quality control process went live in July 2022. Ongoing support will continue to be given to make the transition seamless to the various programs. Work will continue with standardization and any opportunities for improvement will be ongoing. This will enable us to meet the required guidelines providing safe care and appropriate follow-up.
- External API testing continues with 2 events requiring corrective action that was completed timely and accurately.
- The state held a training event on current testing strategies, and many of the clinical staff attended.
- •

Central Scheduling

• An analysis was done of Central Scheduling and their call volume. The volume of calls coming in consisted of Monkeypox questions, school year vaccines, flu season, and the new bi-valent boosters. Staff are hard at work returning calls and messages within 48 hours. Due to the results of the analysis, call tree changes have been made and some calls are now being rerouted to clerks.

Communicable Diseases:

- With September came many busy days for the nurses scheduling influenza/Covid clinics in the community as well as in office to aid in offering protection to our jurisdiction. The staff are working closely with the schools on the spread of communicable diseases and helping to aid them in the decrease of spread.
- There were 64 reported GI illnesses this quarter that needed investigating. 2 of them reported were restaurant exposure that involved visitors from other counties. Our EH staff, CD staff and 4 other Health Departments did follow up and testing. The restaurant closed for 2 days and was professionally cleaned, and the food sanitarian did a follow up. Some of the other cases were linked to the Outbreak that involved several states in August.
- Tick-borne illness 43 reported cases of illness were related to ticks. Staff continue to educate the community on prevention. The increase was shared with local providers.
- TB There were 18 new referrals of LTBI. Staff is following up on testing, educating on LTBI and the importance of adherence to treatment. Guidance is shared on the access to medication from a pharmacy if insured, or the Health Department.
- Staff education The state conducted Lab 101 training in October in Mecosta County. A large number of staff attended.

Respectfully Submitted,

Lisa Morrill MSN, RN Family Health Clinical Division

District Health Department #10 2022-2023 Flu Season

	VFC / MI-AVP			Private					
	Multi vial	PF .5 syr or vial	Flu Mist	Total	Multi vial	PF .5 syr	High Dose	Total	Grand Total
Crawford	0	4	0	4	93	23	117	233	237
Kalkaska	0	2	0	2	111	18	93	222	224
Lake	0	0	0	0	30	20	70	120	120
Manistee	0	8	0	8	95	15	203	313	321
Mason	0	20	0	20	137	41	210	388	408
Mecosta	0	3	0	3	139	4	195	338	341
Missaukee	0	5	0	5	93	3	104	200	205
Newaygo	0	2	0	2	54	75	120	249	251
Oceana	0	8	0	8	99	22	207	328	336
Wexford	0	21	0	21	84	39	74	197	218
WAWC	0	0	0	0	0	3	0	3	3
SAHC	0	8	10	18	0	24	0	24	42
LC WC	0	0	0	0	0	1	0	1	1
MCE WC	0	1	0	1	0	1	0	1	2
Viking WC	0	1	0	1	0	0	0	0	1
TOTALS	0	83	10	93	935	289	1,393	2,617	2,710

2039 doses

since 9/22/22



Board of Health

Family Health Home Visiting

 4^{th} Quarter Report -10/28/2022

Maternal Infant Health Program (MIHP)

Good news! Our MIHP enrollments and visits increased from FY 21 to FY 22:

<u>10/1/2020 - 9/30/2021</u>

Maternal Risk Identifiers: **251** Infant Risk Identifiers: **254** Maternal & Infant Visits (99402, S.E. Visits, & IBCLC Telehealth Visits): **4,179**

10/1/2021 - 9/30/2022

Maternal Risk Identifiers: **353** Infant Risk Identifiers: **341** Maternal & Infant Visits (99402, S.E. Visits, & IBCLC Telehealth Visits): **5,080**

MIHP staff are now doing more Healthy Futures visits and signing up all of our pregnant moms and 2month-old infants for the program. In addition, the MIHP HMHB Extra Discharge Visits for our pilot program have been increasing as most of our enrollments after 1/1/22 are now delivering their newborns.

Our new MIHP Coordinator has now officially begun her role. Thank you to Bianca Sharp for taking it on! Our previous MIHP Coordinator, Becky Fink, has now transitioned to the HV supervisor with the retirement of our previous supervisor, Darcy Lokers.

Becky is currently attending meetings regarding the MIHP Risk Assessment modifications as well as the CC360 transition for MIHP. DHD #10 has also applied to be a pilot program for the CC360 transition and should hear back from the state by the end of October.

Healthy Families America (HFA)

Healthy Families America has undergone many staffing changes over this last quarter.

Crawford County is in the process of hiring a new full-time home visitor due to our current home visitors receiving job promotions. Samantha Brado is moving into the "Data Analyst Coordinator" role, and she will be providing reflective supervision full-time. Britney Wright has moved from her home visitor role into a new Manager role for home visiting. We currently have 6 families being served in Crawford County.

Kalkaska County is continuing to grow their home visiting caseload with the addition of a new full-time home visitor, Carmen Richmond, who began working for us in May 2022. She now has 6 families and continues to receive referrals.

We are in the process of hiring HFA home visitors for Wexford, Lake, and Grand Traverse counties.

Between 6/1/22 and 9/30/22, 258 visits were completed by HFA staff with 43 families served.

Congratulations HFA Parent Graduate of the Year!

Congratulations to Misty Allison from the DHD #10 HFA Program!! Misty is one of HFA's Parent Graduate of the Year winners!

Some highlights that Misty had to share about HFA and her FSS, Sam Brado are:

"I liked the fact that I had someone to turn to when being a mom was still new to me. The skills that are taught to both parent and child are very useful."

"Things that I have accomplished:

- *I am the first female on my mother's side to graduate high school.*
- I have three amazing children that bring joy to my life.
- *I have worked very hard to provide a home and vehicle for my family.*
- I have started college to become a social worker.
- · I always dreamed of having my own dog. I now have two and 7 cats."

"I have overcome stereotypes, rape, abuse, poverty and abandonment. I am currently off all of my meds and am doing amazing. I am going to college to become a social worker. I want to show everyone that I can, that life can be horrible to you but if you keep fighting no matter how hard you can overcome and conquer."

"I looked forward to our visits because I always learned something new, whether it was a new fun game to play with my kids or skills that it took to calm ourselves down. The smiles that it brought to the kids was also a favorite. I have three kids and none of them ever felt left out. The people who do this program are wonderful people who make such a difference."

We are so excited for Misty and Sam! Thank you for letting us share this wonderful story about the power of HFA and relationships!

Children's Special Health Care Services (CSHCS)

Reps, RNs, and SW's have been working to connect with families in all 10 counties to address client needs and complete POC's. Our biggest hurdle this quarter was the loss of our full time RN and hiring a replacement for her and getting the new RN trained. This has set us back as far as being able to reach our families and provide services in all 10 counties.

A new referral form for inter-agency and physician office referrals has been developed. We are also working closely with our IT and media team to develop a QR code that will link our CSHCS family surveys. We will have the opportunity to email text and send the code to parents to complete our satisfaction survey. Our CSHCS Coordinator, Twanya Ebels will complete a comprehensive report of results to share with the staff, any issues will be identified and resolved.

Twayna Ebels, CSHCS Coordinator, is also working with IT to develop a CSHCS SharePoint site for the staff. The new site be a centralized location that will house forms, manuals, and workflows.

Number of families enrolled in CSHCS as of 9/30/2022:

- Crawford County 57
- Kalkaska County 70
- Lake County 53
- Manistee County 75
- Mason County 134
- Mecosta County 257
- Missaukee County 66
- Newaygo County 351
- Oceana County 115
- Wexford County 184

10 County Client Totals = 1,362

The following are the CSHCS home visiting vaccine grant numbers for FY 2022:

28 clients

49 Vaccines

64 MICR reviews/64 phone calls and delivered materials to 5 Physician Offices.

Hearing and Vision

For the final quarter of 2022, DHD #10 technicians completed a total of 794 vision screenings (with 88 children referred for follow up) and 999 hearing screenings (with 1 child referred for follow up).

This is a busy time of year for our H & V Techs with schools starting back up.

Our H & V staff has completed training on the Blinq vision screening devices. These devices will help screen children that were unable to be screened in the past. Unfortunately, the devices continue to be on back order.

We had one staff member leave in September--Stephanie Perez, the hearing and vision technician for Manistee, Oceana, and Mason counties. Her replacement has been hired, Karlee Reyna, and is currently in the process of being trained.

Respectfully Submitted,

Anne Young MA, BSN, RN Family Health Home Visiting Director



Board of Health

Family Health: WIC

4th Quarter Report – October 28, 2022

Abbott Recall and Infant Formula Shortages

We are pleased to report, Similac products, contract formula alternatives, preemie and specialty formulas have been more widely available throughout the district. October 17th, Abbott extended rebates for competitor-brand formulas redeemed through December 31st. Abbott and Michigan WIC continue to evaluate state-specific formula accessibility to determine if additional extensions are indicated in accordance with the infant formula contract and USDA formula waivers.

October 14th: FDA Recall – Abbott Voluntarily Recalls Certain Lots of 2 Fl. Oz./59 mL Bottles of Ready-to-Feed Liquid Products:

Abbott announced a voluntary recall of certain lots of 2 fluid ounce bottles of ready-to-feed (RTF) liquid products for infants and children manufactured in Columbus, OH. These products are being recalled because a small percentage of bottles (less than 1%) in the recalled lots have bottle caps that may not have sealed completely, which could result in spoilage. If spoiled product is consumed, gastrointestinal symptoms such as diarrhea and vomiting may occur. The products included in the recall were distributed primarily to hospitals and to some doctors' offices, distributors, and retailers in the U.S. Similac Special Care 24 is the only WIC-approved product in Michigan that is affected by this recall. Per a statewide pre-defined report, no clients are assigned Similac Special Care 24.

Over the months, WIC Coordinators requested the WIC Division consider allowing clients to redeem formula across standard/contract formulas, without requiring a change in WIC food package. With this change, clients could redeem formulas across any standard formula types and their substitutes. The WIC Division was granted permission from USDA to allow for interchangeable redemption of standard/contract formulas (Advance, Sensitive, Isomil, Total Comfort, and Spit-Up), On October 11th, State WIC successfully implemented a conversion of contract/class I formula food packages into "Standard Infant Formula" food packages. These additional flexibilities allow for improved client convenience and access while minimizing local agency burden.

National Public Health Emergency and WIC Waivers Extensions

Secretary of Health and Human Services Xavier Becerra renewed the public health emergency declaration for COVID-19, effective October 13, 2022. This allows for approved WIC waivers (which includes the physical presence waiver) to continue through at least through April 2023. DHD #10 will continue its modified approach to WIC service delivery by offering in-person WIC clinic

services to clients who need and prefer such. WIC families opting for in-person visits are benefiting from important lab and growth measurement services.

MDHHS WIC Division Announces FY 2023 Cost of Living Adjustment

September 23rd: The Michigan WIC Division announced it is providing increased funding to help counteract the effects of rising prices in the economy. Each Michigan WIC local agency is receiving an increase of 5% of FY 2023 budgeted salary and wages. DHD #10 WIC Program increases include: WIC Resident: +\$42.048; WIC Migrant: +\$7,387; WIC Breastfeeding +\$2,640 for a total of \$52,075.

WIC Fruit and Vegetable Bump Extended Through December 31st

September 30th, President Biden <u>signed</u> a short-term Continuing Resolution to keep the government funded through the November midterm elections. The spending deal, which will expire on December 16, also extends enhanced WIC fruits and vegetables benefit through the end of the calendar year. USDA confirmed that these benefits will be adjusted for inflation, providing \$25/month for children, \$44/month for pregnant and postpartum participants, and \$49/month for breastfeeding participants to purchase fruits and vegetables. Michigan WIC has applied these enhanced Cash Value Benefits (CVB) for women and children through the month of December. Michigan WIC clients can redeem their monthly CVB for a variety of fresh, canned and/or frozen fruit and vegetables.

Breastfeeding Program Updates

DHD#10 and Spectrum-Gerber hospital renegotiated a Memorandum of Understanding (MOU) allowing resumption of weekly WIC Breastfeeding Peer Counselor support and visits in the hospital OB unit effective July 15th. Similarly, Spectrum-Big Rapids hospital MOU was re-visited and weekly BF Peer visits began week of October 17th and we are very close to having a signed MOU with Spectrum-Ludington hospital. We launched in person support groups in Kalkaska and Newaygo communities. A pilot project was developed for our Senior Breastfeeding Peer Counselor to begin providing home-visiting lactation services in conjunction with our MIHP program. On August 17th, the Newaygo County Breastfeeding Coalition hosted a very successful community picnic in celebration of Breastfeeding month. The event was held at the River Front Park in downtown Newaygo and included several family-fun activities, door prizes, give-a-ways, and healthy snacks. total of 76 women & children attended the picnic. This was a great community outreach event! See group photo at end of our WIC report.

<u>Regional Childhood Lead Poisoning Prevention Program (CLPPP) and Nurse Case Management</u> <u>Grants</u>

CLPPP grant staff provided education materials and spoke with 23 families of children with elevated blood lead levels (EBLLs) and were referred for nurse case management services. Staff distributed several communications from MDHHS to our LHD CLPPP liaisons in the region about future trainings and education opportunities. On August 18th staff attended the "Back-to-School" event at the YMCA

in Cadillac at which blood lead testing was made available. Twelve children at-risk for blood lead poisoning were tested and multiple families were provided with lead prevention materials. This community event had 270 in attendance. Educational materials were also provided at the Safety Expo on September 11th in Wexford County. FY23 workplan was completed and submitted to the state. Staff met and collaborated with our marketing team to explore options for expanding social media outreach and presence in the coming year. Planning has begun for a regional grant meeting scheduled for December 8th in the Wexford office This lead prevention grant is funded by MDHHS and serves 21 +5 counties in northern-lower Michigan in Prosperity Regions 2 and 3. Jessica Miller, RN leads project activities and outreach working collaboratively with six other local health departments in the region as well as our local Nurse Case Manager, Tawnya Ebels, RN.

Professional Development and Staffing

DHD #10 welcomed four new staff to our agency and WIC teams: Jewell Lewis, RN, IBCLC, Crawford County and Kristen Carlson, RN, Mason County, both serving as part-time WIC Nutrition Specialists; Lacie Banks, Missaukee County and Christina Tejada, Oceana County, both serving as part-time WIC Clinic Assistants. Christina is rejoining our WIC team part-time and is also working in our central scheduling unit. Recruitment continues for the part-time WIC Clinic Assistant in Mason County.

Community Outreach

On Sunday July 31st the annual Farm Worker appreciation day event was held at Grant Public Schools Over 400 school aged migrants and farmworker's children received a backpack with school supplies, a new pair of tennis shoes from Wolverine Worldwide in Rockford, a package of socks and underwear and a care bag of dental hygiene products. 168 migrant families received a door prize and a culturalfriendly bag of groceries which included donated packages of 3 different kinds of tortillas and a large bag of tortilla chips from El Milagro out of Chicago/Grand Rapids company. COVID and pediatric vaccines were given by DHD #10 staff at our mobile unit clinic.

Caseload Performance

FY-to-date, (October 2021 – August 2022) DHD # 10 WIC client participation is down approximately 2.5% from FY 2021 despite continued convenience and flexibility of remote/ phone appointments. DHD #10 is achieving 91% of assigned resident base caseload of 7662. We continue to monitor caseload performance and adjust outreach efforts and staffing accordingly.

			Comparison	Difference	
	Current		Previous		
	Year	Total Clients	Year		
WIC Measure	Quarter	per month	Quarter	#	%
Resident Enrollment	July-Sept 22	7,250	July-Sept 21	- 25	stable
Resident Participation	June-Aug 22	6,955	June-Aug 21	+ 20	stable
Migrant Participation	June-Aug 22	213	June-Aug 21	+2	stable



Newaygo County Community Picnic in celebration of National Breastfeeding Month (8/17/22)

Respectfully Submitted,

Anne M. Bianchi, MS, RD Family Health WIC Director



Board of Health

Division Name: School Health

4th Quarter Report - 10/28/2022

Two of our four newly funded clinics began providing services this quarter, the other two will begin in the first quarter of Fiscal Year 2023.

- Chippewa Hills School District in Mecosta County will be getting a new Clinical Adolescent Health Center. The clinic will be open 5 days per week and will be staffed by a Nurse Practitioner, who starts with DHD#10 on 11/28, a Counselor, Ashley Bewell, and a clinic assistant. The plans for the clinic renovations have been approved by the State. We are now waiting on the timeline for completion from the contractors.
- McBain Rural Agricultural School in Missaukee County has a new School Wellness Clinic. The clinic is open 5 days per week and is staffed by a Nurse and a Counselor. There is an active youth and adult advisory committee that is being facilitated by a DHD#10 Health Educator.
- Pentwater School District in Oceana County is now open 5 days per week. The clinic is staffed by a Counselor.
- Ludington School District in Mason County has a new Mental Health Clinic that will be open 5 days per week. The Counselor for the clinic will start seeing students in the month of October.

The School Health team has grown! Four additional MDHHS funded sites were added through the Child & Adolescent Health Center and our Health Resource Advocate Team have transitioned from COVID contact tracing to school health. They will be in Brethren, 2 1/2 days week, Bear Lake 2 1/2 days a week, Mackinaw Trail Middle School, 5 days a week, Morley-Stanwood, 5 days a week.

MDHHS announced that we will receive additional funding for Child & Adolescent Health Centers. Our Full Clinical Models will receive \$30,000 at the beginning of the fiscal year. We currently have 3 Full Clinical Models. The Alternative Clinical Models will receive \$20,000, we currently have 3 Alternative Clinical Models. The funding does not require any additional services and will support the existing staffing structure and services.

Respectfully Submitted,

Katy Bies, BS School Health Director

		~				0		
ADOLESCENT HEALTH PROGRAMS								
CLINIC	PEDIATRIC COVID	18+ COVID	12-17 YR BOOSTER	18+ BOOSTER	FLU	TOTAL		
LAKE CITY WELLNESS CENTER AT LAKE CITY SCHOOLS	0	0	0	0	0	0		
SHELBY AHC AT Shelby SCHOOLS		0	0	0	0			
VIKING WELLNESS CENTER AT GRAYLING HIGH SCHOOL	0	0	0	0	0	0		
WEXFORD AWC AT CADILLAC SCHOOLS		0	0	0		0		
MASONCOUNTY EASTERN WELLNESS CENTER AT MCE SCHOOLS		0	0	0	0	0		
MANTON AWC AT MANTON SCHOOLS	0	0	0	0	0	0		
MESICK AWC AT MESICK SCHOOLS	0	0	0	0	0	0		
TOTAL	0	0	42 0	0	0	0		

ADOLESCENT HEALTH PROGRAMS								
	UNDUPLICATED STUDENTS SERVED	MEDICAL SERVICES		MENTAL HEALTH SERVICES		TOTAL SERVICES		
SCHOOL CLINIC SITE	YTD	CURRENT	YTD	CURRENT	YTD	OCTOBER 2021 - SEPTEMBER 2022		
CADILLAC SCHOOLS - HEALTH CLINIC/ BEHAVIORAL SERVICES	399	198	790	60	289	258		
GRAYLING SCHOOLS - HEALTH CLINIC/ BEHAVIORAL SERVICES	196	23	324	81	813	104		
LAKE CITY SCHOOLS - HEALTH CLINIC/ BEHAVIORAL SERVICES	228	160	322	52	310	212		
MASON COUNTY EASTERN SCHOOLS - HEALTH CLINIC/ BEHAVIORAL	117	55	330	33	249	88		
SHELBY SCHOOLS - HEALTH CLINIC/ BEHAVIORAL SERVICES	563	256	1119	59	561	315		
MESICK SCHOOLS - SCHOOL WELLNESS CENTER	102	2	179	33	540	35		
MANTON SCHOOLS - SCHOOL WELLNESS CENTER	103	2	114	34	154	36		
BRETHREN SCHOOL - MENTAL HEALTH SERVICES	52			33	346	33		
CHIPPEWA HILLS SCHOOLS - MENTAL HEALTH SERVICES	193			81	912	81		
HART SCHOOLS - MENTAL HEALTH SERVICES	60			123	718	123		
TOTALS	2013	696	3178	589	4892	1285		

Report to the Boards of Health

Jennifer Morse, MD, MPH, FAAFP, Medical Director

Mid-Michigan District Health Department, Wednesday, October 26, 2022 Central Michigan District Health Department, Wednesday, October 26, 2022 District Health Department 10, Friday, October 28, 2022

Tuberculosis

Tuberculosis (TB) is caused by a type of bacteria called *Mycobacterium tuberculosis*. This bacterium was discovered in 1882 by Dr. Robert Koch, at a time when TB killed about one out of every seven people living in the US and Europe. It is estimated *M. tuberculosis* has been around as long as 3 million years and illness from TB has described by many ancient civilizations. There are many other types of mycobacterium bacteria, some that can cause illness in humans and animals.

TB most commonly affects the lungs, though can affect other areas of the body. TB is spread through the air from a person ill with active TB disease in their lungs. The

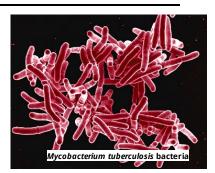
bacteria are contained in small airborne droplets created by coughing, sneezing, speaking, or singing. People that may have been exposed to these droplets, typically someone who spends a lot of time with the person with active TB like a family member or friend, is called a "contact". Contacts are at risk for getting infected with TB but usually do not develop active TB disease right away. Most of the time, a person's immune system can control the bacteria and contain it within the body. The bacteria become "latent" or inactive but are not dead. The person is said to have latent TB infection (LTBI). They are not ill and cannot spread TB to others. If LTBI is treated, active TB disease can be prevented. It is estimated that one out of four people (25%) worldwide have LTBI. The CDC estimates that around 5% of the US population, or up to 13 million people in the US, have LTBI. More than 80% of active TB cases

WHAT ARE THE TWO FORMS OF TB? TB INFECTION ACTIVE TB LATENT TB (LTBI) A person with latent TB infection A person with active TB disease 90 to 95% of people 5 to 10% of people has TB bacteria which do · has TB bacteria which infected with TB develop infected with TB not multiply actively multiply immunity and do not develop active is sick & has symptoms is not sick & has no symptoms develop the disease. TB disease. · cannot spread TB to others can spread TB to others This form is known as latent TB infection. 10 to 15% of people with latent TB infection will progress to active ACTIVE TB TB disease. https://www.biomerieux.com/corp/en/blog/infectious-diseases/the-severe-impact-of-covid-19-on-tb-management.html

in the United States result from longstanding, untreated latent TB infection.

If LTBI is not treated, it can reactivate and become active TB disease. This will happen to about 5% to 10% of people with LTBI, and the risk is higher in people as they get older, if they have diabetes, a weakened immune system, poor nutrition, or kidney failure.

LTBI is diagnosed by tests that can recognize if our immune system has been exposure to TB and worked to fight the TB bacteria. Both a blood test and a skin test are available to test for TB infection. If either of these tests is positive, a healthcare professional needs to further evaluate the person and do more tests to determine if they have LTBI or active TB disease.





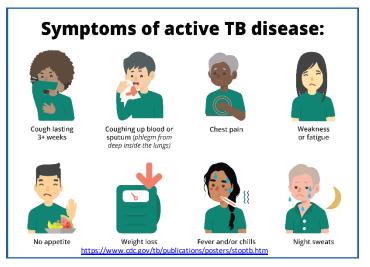
It is estimated that millions more people need to be tested and treated for LTBI in the US if we hope to eliminate TB. People at higher risk for being infected with TB bacteria or at higher risk of reactivation of infection should be testing, including:

- People who have spent time with someone with active TB infection at any time during their lifetime
- People who are from a country or stayed at least one month in a country where TB disease is common. This includes most countries other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- People who (now or in the past) live or work in settings that are higher risk for exposure to TB. Examples include correctional facilities/jails, long-term care facilities or nursing homes, homeless shelters, and anyone who has used illegal drugs.
- People who have or will have a weakened immune system. This includes anyone who has:
 - $\circ \quad {\sf HIV}.$
 - An organ transplantation.
 - Treatment with biologic disease-modifying antirheumatic drugs (bDMARDs). These medications are used for rheumatoid arthritis, ankylosing spondylitis, psoriasis, psoriatic arthritis, systemic lupus erythematosus (SLE), multiple sclerosis, and inflammatory bowel disease such as ulcerative colitis and Crohn's disease). A list of these medications can be found <u>here</u>.
 - Treatment with high-dose and/or long-term corticosteroids, such as prednisone or methylprednisolone.
 - Cancer and receiving chemotherapy.
 - \circ Any other immunosuppressive conditions or medication.

Once LTBI is diagnosed, it is treated with one or two antibiotics for 3 to 6 months. Treatment greatly reduces the risk of active TB disease developing later in life.

People with active TB disease are sick, can be contagious if it is in the lungs, and can die from their illness. The typical symptoms of active TB disease are feeling sick or weak, weight loss, fever, and night sweats. TB disease in the lungs typically causes a cough, chest pain, and coughing up blood. Symptoms of TB disease in other parts of the body depend on the area affected.

Active TB disease requires four antibiotics for the first couple of months, then two antibiotics for 4 to 7 months longer at a minimum. Because active TB can be spread to others through the air, public health is involved finding and testing contacts for TB infection. Those with active TB must stay in isolation until they are no longer contagious, which can be 2 weeks or over 2 months. It is



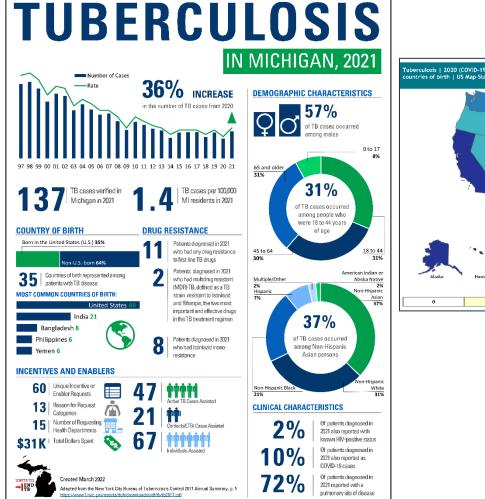
very important all medication is taken as directed to be sure the TB is cured and doesn't become resistant to the antibiotics, so public health performs directly observed therapy (DOT). This requires a public health nurse or other public health advocate visiting the patient every day to watch the patient swallow their medication and make sure they are not having any side effects or other problems. Over the past several years, most DOT has been transitioning to eDOT/vDOT (electronic or video DOT). With this, the nurse and patient can use computers or cell phones to connect via video, enabling the nurse to watch the patient take their medication and discuss any problems.

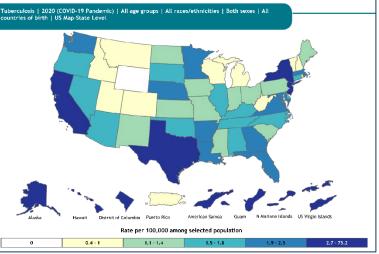
In Michigan, the local health departments (LHD) are responsible for tuberculosis prevention and control for their jurisdiction. This includes assisting with the cost of treatment as needed. Many LHD provide primary case management of LTBI and TB cases. Private healthcare providers can also diagnose and treat persons with TB and

LTBI, but they are required to report suspect or confirmed cases of active TB to the health department within 24 hours of diagnosis. LHD are ultimately responsibility in assuring appropriate treatment and case management for patients with active TB disease, and healthcare providers are encouraged to consult frequently with their LHD when managing a case of suspected or confirmed TB disease. Michigan Department of Health and Human Services (MDHHS) gives healthcare providers access to clinicians experienced in tuberculosis to provide free consultation and answer questions.

The powers and duties of local health departments relating to tuberculosis control are covered in the Michigan Compiled Laws, Sections 333.2451, 333.5117, 333.5203, 333.5205, 333.5207 and 333.5301. Requirements for reporting suspected or confirmed cases of tuberculosis are described in 325.171 through 325.173 of the MDHHS Communicable Disease Rules. Every state possesses general public health legal authority that may be invoked to control communicable diseases, including tuberculosis.

Mathematical modeling using TB data from 2013–2017 estimated that about 1.3%, or 130,823 people, living in Michigan are infected with latent tuberculosis. Just over half, or 59% of these individuals, would have been born outside of the United States. This means about 41% of those with LTBI in Michigan are individuals born in the United States. The CDC estimates that 4 out of 5 active TB cases are due to longstanding, untreated LTBI. In regions of the country with low amounts of TB, like Michigan, active TB disease often takes months to be properly diagnosed. These active cases, that are ill for months and not properly diagnosed, can spread TB to many others. For all these reasons, it is important for healthcare providers and residents in Michigan know that TB is still a concern and to ensure they are tested if they are at risk for infection, especially if they have symptoms of active TB.





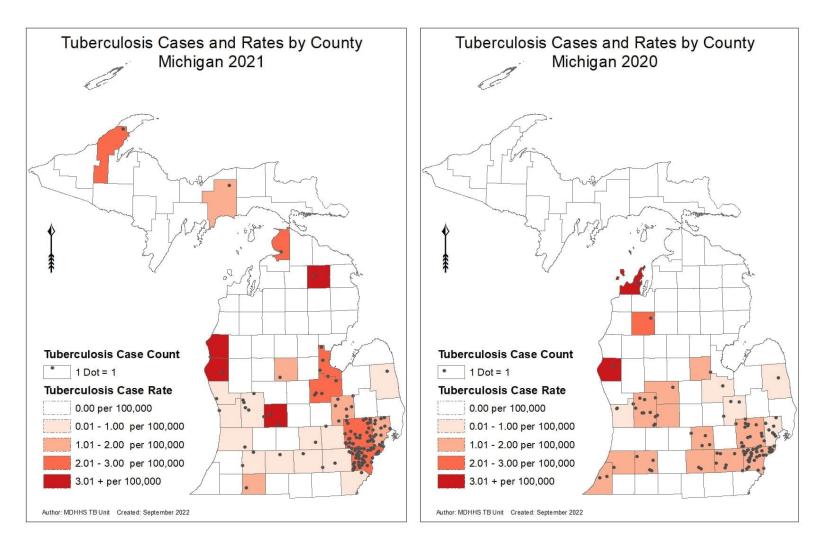
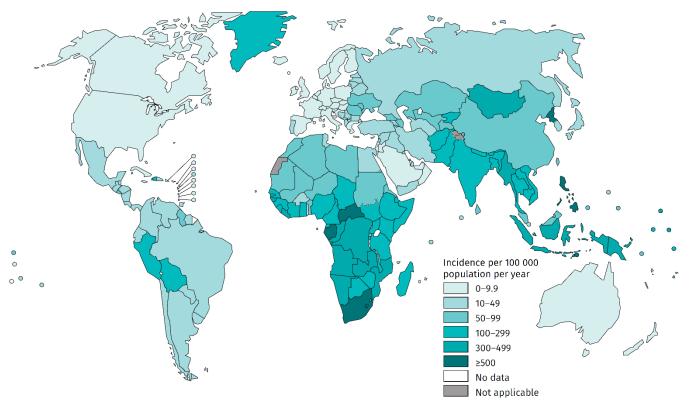
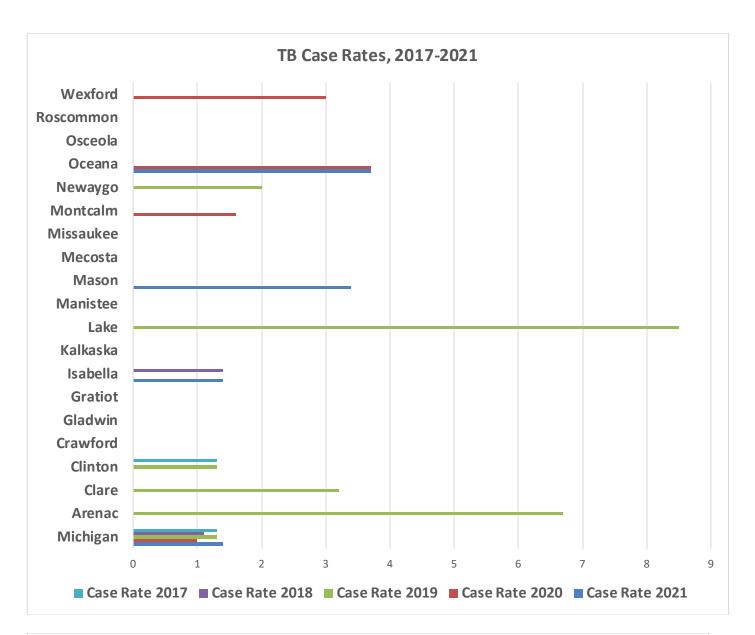
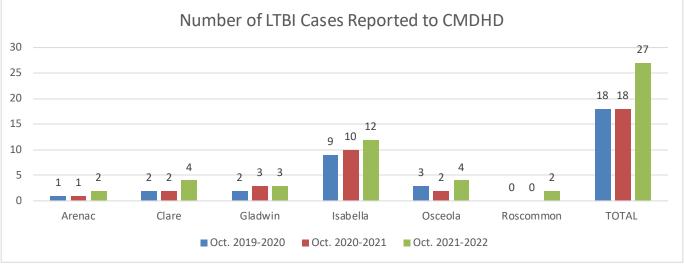


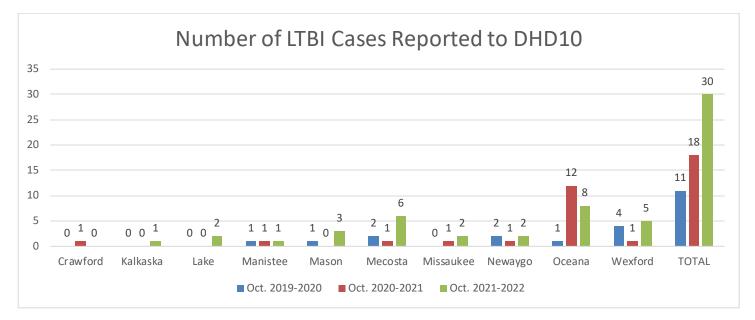
FIG. 13

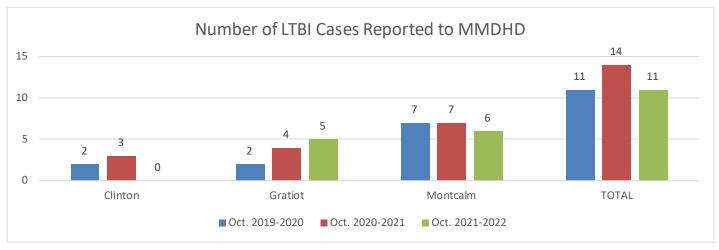
Estimated TB incidence rates, 2020











If you are interested in learning more about TB or being more involved in the elimination of TB:

- <u>'No respector of persons' Michigan's fight against tuberculosis</u>
- The Forgotten Plague: TUBERCULOSIS IN AMERICA https://www.pbs.org/wgbh/americanexperience/films/plague/
- https://www.stoptb.org/
- <u>https://www.stoptbusa.org/</u>
- https://www.wearetb.com/
- <u>https://tbeliminationalliance.org/</u>
- American Lung Association
- <u>https://www.louderthantb.org/coughitup</u>
- The <u>Collaboration for TB Vaccine Discovery</u> (<u>CTVD</u>)
- <u>https://www.usaid.gov/global-health/health-areas/tuberculosis</u>



Recommendations:

- 1. Get screened for TB infection if have a high-risk factor (listed above) and have not been screened in the past.
- 2. Support domestic and international efforts to eliminated tuberculosis.
- 3. Refer those with concerns or questions about tuberculosis to their local health department.

Sources

- Up To Date
- CDC. Tuberculosis History. <u>https://www.cdc.gov/tb/worldtbday/history.htm#:~:text=TB%20in%20humans%20can%20be,China%20(2%2C300%20years%20ago)</u>.
- CDC. Latent TB Infection in the United States Published Estimates. <u>https://www.cdc.gov/tb/statistics/ltbi.htm#:~:text=Based%20on%20NHANES%20data%2C%20CDC,States</u> <u>%20have%20latent%20TB%20infection</u>.
- Marks, Suzanne M., et al. "Estimates of testing for latent tuberculosis infection and cost, United States, 2013." Public Health Reports 134.5 (2019): 522-527.
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- MDCH. 2009. Michigan Tuberculosis Program Manual.
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- Mirzazadeh A, Kahn JG, Haddad MB, Hill AN, Marks SM, Readhead A, Barry PM, Flood J, Mermin JH, Shete PB. State-level prevalence estimates of latent tuberculosis infection in the United States by medical risk factors, demographic characteristics and nativity. PLoS One. 2021 Apr 1;16(4):e0249012. doi: 10.1371/journal.pone.0249012. PMID: 33793612; PMCID: PMC8016318.
- <u>https://www.who.int/teams/global-tuberculosis-programme/tb-reports</u>
- <u>https://www.michigan.gov/mdhhs/keep-mi-</u> <u>healthy/communicablediseases/diseasesandimmunization/tb/statistics/michigan-tb-</u> <u>epidemiology</u>
- <u>NCHHSTP AtlasPlus</u>. Accessed on 10/11/2022



Board of Health Deputy Health Officer October 2022

1. Community Health Innovation Regions of Northern Michigan (NMCHIR) Updates

We continue to receive disappointing signals from MDHHS on the potential of funding to support or expand the work of the CHIRs that have had significant success across Northern Michigan. Current funding ends in May 2023 – note that the funding to support the CHIR is tied to federal COVID-19 funding to address health disparities from race, culture, and rurality resulting from the



pandemic. Funding includes both support to the CHIR backbone infrastructure and to Community Connections to provide navigation services for residents most at risk for health disparities exasperated by the pandemic and resulting economic insecurities.

The Northern Michigan Public Health Alliance (NMPHA) is developing a plan to launch advocacy efforts on behalf of the NMCHIR, promoting the evidence of both community/organizational impact and the Medicaid cost savings as a result of the Community Connections program.

2. PHAB Update

We are on track to meet the October 31st deadline for uploading our documentation to meet PHAB reaccreditation. The timeline for PHAB's review of documentation is between 6-8 weeks.

3. Regional Planning Department

DHD#10 was asked to take the lead in applying for a Project AWARE(Advancing Wellness & Resiliency in Education) grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) to support youth across the Northwest Michigan CHIR (includes Kalkaska, Manistee, Missaukee & Wexford counties). If secured, the grant would provide \$1.8 million for each of four years to support a systems approach to implementation of the Interconnected Systems Framework (ISF) across the region in partnership with the four ISDs covering the 10-county region. This initiative would streamline service delivery to improve efficiencies of co-located systems, mental health providers and Social/Emotional/Behavioral programs working in isolation in local school districts. The ISF model works to deliberately integrate mental health, community, school, and family partners through a single system of support. The grant was designed to mirror DHD#10's Michigan Health Endowment Fund grant supporting the ISF model implementation in Mason County over the past year. The success in Mason County was the basis for this grant to support implementation across the NMCHIR. Notification is due by the end of December.

Respectfully Submitted,

Sarah Oleniczak, MPH, MCHES, Deputy Health Officer



Board of Health Division Report

4th Quarter Report

EPI Team Update

Information on current case counts, vaccination efforts and changes to the Case Investigation/Contact Tracing processes will be shared at the meeting.

PFAS Update:

Site specific updates will be shared at the Board meeting based upon recent and ongoing developments.

MALPH Dues:

Received our 2023 MALPH Dues assessment. The amount due remains \$5717.00, the same as it has been the past 7 years. I would ask for approval to pay this.

MDHHS Accreditation Certificate:

We have finally received our MDHHS Accreditation Certificate along with a Certificate of Quality for our Quality Improvement efforts.

Health Officer Evaluation Form:

The Board will complete the annual Health Officer evaluation as part of the November Board meeting.

Respectfully submitted: Kevin Hughes, MA Health Officer





District Health Department #10 is the largest geographical health department in Michigan and represents 10 counties in Northern Lower Michigan. The department administers over 75 major programs and relies heavily on the financial support of state government to provide a basic set of mandated public health services, as defined in the public health code for all Michigan residents.

This basic set of services provides an essential public health safety-net for our residents. Public Act 368 of 1978, Section 2475, defines the funding partnership for these services between the State and local public health departments as a 50-50 cost sharing arrangement. DHD#10 appreciates legislative efforts to achieve the 50-50 cost sharing for funding of the Essential Local Public Health Services.

2023 District Health Department #10 Legislative Priorities

Provide a strong public health system to assure improved community level health outcomes and is responsive to local emerging needs.

- ✓ Recognize Public Health as a nonpartisan issue.
- ✓ Request Legislative commitment to support the defined funding partnership identified in the public health code as a 50/50 cost sharing model to support the mandated Essential Local Public Health Services.
- ✓ Encourage continued investment in Essential Local Public Health Services funding which encompass:

Drinking Water Safety Groundwater safety and on-site sewage monitoring/control Food Safety Communicable Disease Control Sexually Transmitted Disease Control Immunization Hearing & Vision Screening

- ✓ Support and assure timely, continuous, and consistent communications between State partners and Local Public Health.
- ✓ Support revenue sharing stewardship initiatives that ensure public funds are responsibly spent on tangible outcomes for the benefit of our communities, our environment, and our residents.

- ✓ Support Community Health Innovation Regions as a unique model for improving the wellbeing of the community while reducing unnecessary medical costs through collaboration and systems change; recognizing the outcome evaluation data recently released on the significant Medicaid cost savings; supporting public health as the backbone structure for the neutral convening of regional CHIRs.
- ✓ Support funding initiatives for chronic disease prevention and maternal and child health outcomes:
 - Reduce infant mortality by reducing unintended pregnancies and improving preconception health.
 - Reduce chronic disease impact by promoting healthy lifestyle habits, supporting healthy environments and targeting community level obesity prevention efforts.
 - Support implementation of the Mother Infant Health & Equity Improvement Plan.
 - Support increased funding for evidence-based home visiting programs.
- ✓ Support legislation to strengthen immunization rates such as: assure "no wrong door" for immunizations regardless of access point assuring immunization coverage by all insurances regardless of the provider, etc.
- ✓ Support a comprehensive tobacco control program, statewide tobacco retail licensing, and increased funding for tobacco prevention and cessation.
- ✓ Support marijuana regulation and policies that are evidence-based and focused on protecting the health and safety of the citizens.
- ✓ Support resources that assure all substance use prevention and treatment funding utilize a public health population based approach and are developed at the local community level.
- ✓ Support resources and infrastructure needed to address emerging Public Health issues, such as Vapor Intrusion, PFAS issues, vector borne illnesses, lead exposure, communicable disease, pandemic response, etc.

The DHD#10 Board of Health is requesting a commitment to local public health, which is the foundation of public health services in Michigan. Public health funding has been sacrificed during past budget deficits, and the impact is evident as we struggle to respond effectively to the COVID-19 pandemic. Local health department cannot continue to absorb the funding shift to local units of government. Legislative support is needed to ensure adequate infrastructure is in place to address public health threats, ensure that the ten essential public health services are being met, and that the minimum performance requirements for the eight mandated essential local public health services are being fulfilled and assure a commitment to population-based outcomes. **Every dollar spent on preventive health services saves approximately four dollars.** The health of our good citizens of Michigan is being compromised and we must make a financial commitment to public health; the return on the investment will be great as we work to improve the economic health of Michigan.